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ABSTRACT

Although psychotherapy traditionally has been thought of as talking therapy, written communication can be used as an effective supplement, across a range of theoretical approaches and therapeutic stages. Writing can aid clients in deepening awareness and enable them to use their inherent resources for becoming whole persons. For example, one therapist found writing to be extremely effective in helping a patient to gain a sense of control over her life. The patient, troubled by indecisiveness about a career choice and clingy, jealous behavior with her boyfriend, found that her daily two-page journal assignments helped her both to face small issues as they arose and to control her over-expression when she was upset. In another case assigned writing was used with partial success with a couple whose marriage was disturbed by the wife's temper tantrums. Although the husband did not complete his assigned writings, the wife improved a great deal as a result of recording instances of her irrational behavior. Writing was also used as a successful adjunct to therapy with a family upset about the youngest child's leaving home. Although there are some possible disadvantages of writing (in some cases it may be alienating, and in other cases clients might verbalize ideas they do not want to put on paper), in general, the discriminate use of writing as an adjunct to face-to-face psychotherapy is helpful. (Nineteen references are appended.) (ARH)

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Therapy with Individuals, Couples, and Families

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Abstract

The Use of Assigned Writings as an Adjunct to Therapy with Individuals, Couples, and Families

In this paper the use of assigned writing in therapy with individuals, couples, and families is discussed. Applications across theoretical approaches, stages of treatment, and client systems are addressed, and indications and contraindications are offered. Case examples and case analyses are presented.

The Use of Assigned Writing In
Individual, Couple, and Family Therapy

Oblivion lures.
Beckons to tender reprieve.
Shadows steal in stealth
 my breath.
Pale pink petals
Without scent
Bending down unnoticed.
Let me silently slip
Fading from facade
 It has become.
Mourn, instead, The rose.

A poem unheeded by the therapist to whom it was given.

Psychotherapy traditionally has been thought of as talking therapy. While the use of written communication is not new and was used in different ways by both pioneers Freud and Rush (McKinney, 1976), the literature regarding its use in treatment has been sparse. Fox (1982) noted that assigned writing can be a practical, systematic, economic, and unobtrusive method to supplement therapy, and we agree. In this paper case examples are

presented to illustrate how writing can be an integral part of therapy with individuals, families, and groups.

Assigned writing is a technique which is useful in assessment and treatment across a range of theoretical approaches. In psychodynamic therapy, the benefits have been noted as facilitating recall of material (Farber, 1953), relieving tension and increasing self understanding (McKinney, 1976), providing a means for reviewing and articulating issues and achieving objectivity (Ryle, 1983), and serving an integrating and organizing function (Rampling, 1980). From a humanistic perspective, writing can aid clients in deepening observation and understanding and in loosening constraints (Fox, 1982), and can enable clients to use their inherent resources for becoming whole persons (Progroff, 1975). The use of free expression in journal writing is advocated by Progroff and is appropriate in dynamic and humanistic therapy. In cognitive and behavioral therapy, however, writing assignments may be more specific. Behavior therapists ask clients to count or record specific behaviors, for example a parent recording a child's temper tantrums (Patterson, 1973). Cognitive therapists may ask clients to write thoughts, feelings, and antecedent events, so that their irrational ideas (Ellis, 1965), faulty cognitions (Beck, 1976), or unrealistic expectations and attributions (Abrahams, 1983; Bussod and Jacobson, 1983; Greene and Kelley, 1985) may be noted and

challenged. Family systems therapists may use writing assignments to diagram family relationships (McGoldrick and Gerson, 1985), to note patterns, and to interrupt sequences. Tedious writing assignments may be enough of an ordeal to help clients give up symptoms (Haley, 1984).

Not only is writing a useful tool across varying theoretical approaches, but it can be a helpful adjunct to therapy at various stages. For example, in the assessment stage written materials are useful in obtaining important information regarding the problem, the sequence in which the problem is embedded, and family history. In addition to helping with assessment, writing may set the basis for evaluation of change later. Unsolicited materials such as letters, diaries, and poetry can have diagnostic value, also. The poem at the beginning of this paper was unheeded by the therapist. Luckily, the client survived her suicidal depression to show the poem to her next therapist (co-author BW). In the middle stages, the therapeutic process may be accelerated if clients write out their perceptions, thoughts, and feelings about events, and then discuss these ideas in therapy sessions. At termination, writing aids clients in assessing progress and in achieving a sense of closure. Review of earlier writings may help clients note growth and change. Follow-up information is often obtained through written correspondence.

Therapy With An Individual

Ms. A is an example of an individual who responded well to writing assignments as part of her therapy. Ms. A was a 28 year old woman when referred to PK for therapy by her physician. She had missed work frequently because of a series of colds and flu which both she and the physician believed were stress related. Holding a science degree, Ms. A was employed in a laboratory she believed hazardous to her health. Furthermore, she worried she was in the wrong field of employment, believing she would be more fulfilled in the arts. Since college, she had alternated between art and science careers, and in doing so she saw herself playing out her father's ambivalence. He worked in the sciences and proclaimed unhappiness in his profession, wishing he had pursued his hobby of music professionally. Ms. A feared becoming occupationally trapped like her father, never questioning that he might not have been happy in music either. She was also fearful of getting cancer like her father; thus, the concern over the safety of her employment site was exacerbated. Her presenting symptom of frequent illness served a function of keeping her away from work.

Other symptoms also concerned her. She worried about feelings of anxiety and depression and her relationship with her boyfriend. She had been in therapy twice before in regards to

relationships with men; she functioned best when not in a love relationship. Ms. A isolated two goals for therapy. First, she wanted to make an occupational choice, deciding whether to keep her secure and well paying laboratory job which met her dependency needs but which she hated or to try achieving her dream of becoming a free lance artist. Second, she wanted to give up her "clinging" and jealous behavior which drove men away and caused her fears of loss and abandonment to become reality.

Ms. A was a highly reactive person who felt her emotions were out of control, and she felt that her angry outbursts drove her boyfriend away. The following sequence occurred: 1) a peaceful time with a good love relationship, 2) she became jealous and felt slighted by his behavior, 3) tension and anxiety grew until she "exploded" by crying and screaming accusations, 4) he distanced, 5) she became depressed and apologetic, 6) he forgave her and they were back to peace for awhile. She believed a more fully developed relationship would occur only if she could control the outbursts which frightened him and caused him to distance. She had not realized that he might have played his part by acting in ways that triggered her insecurities, thus breaking the intimacy he found frightening.

Writing assignments were used with Ms. A because she was educated and bright, liked to write, was highly expressive, and to give her more control. Control was a main issue for her, and as

an artist she wanted to write to express herself. Thus, journal writing was assigned for controlled free expression; she was asked to write her thoughts and feelings for two pages every day. The assignment served two functions. First, by having to write every day, even when she did not feel like it, she was helped to face small issues as they arose instead of exploding from accumulated anger. Second, limiting her to "only" two pages when she wanted to write more controlled her over-expression when she was upset. Such over-expression had exacerbated the problems in her mind as she catastrophized events (Ellis, 1965).

Her early writing showed her tendency to overstate and exaggerate events and feelings, the extremes discussed by Beck (1976).

I feel like it is my fears of loss, abandonment, of illness, etc., that are in control of me - and I really don't feel free - I feel like a prisoner of my own fears. It's a similar thing with the jealousy. It is basically a fear, a great fear of loss. Sometimes it is so overwhelming that I almost can't cope with it.

I want to shed these garments. I want to be able to relax and live in this world among people. I want to be able to live with the risks inherent in living and loving without

feeling like I have to control everybody and everything. I want to be able to dwell on the positive.

Therapeutic Intervention resulted in Ms. A making and completing a six month plan to move from her job in a science laboratory to work as a free lance artist. In addition, her writings helped with her relationships. Her writings were discussed in sessions using a cognitive approach, assessing her reactions to events and exploring alternative reactions. She learned to challenge her thoughts, modify her emotions, and control her behavior. Her own analysis of her writing and the therapist's analysis helped her see the boyfriend's part in the distancing sequence. As she became stronger and less "clinging," her boyfriend's behavior became weaker. His drinking problem surfaced as did his fear of intimacy.

By the middle stages, her writing contained diminished hyperbole, as shown through less underlining. It is interesting that she was able to maintain strong positive feelings while keeping negative feelings in check. She showed the ability to enjoy tranquility.

Well, it is a cool evening and I'm sitting her by this open window and a lovely cool breeze is blowing in and caressing my neck and tickling my bare toes - and the crickets are

chirping - such a quiet peaceful evening. I spent all afternoon working and got a lot accomplished - came home, took the dog for a walk, got him dinner, took a bath and now have some nice stuffed cabbage simmering on the stove.

All of a sudden the phrase popped into my head, "THIS IS YOUR LIFE!!" And I thought, yeah, this is my life, my work seems somehow to be falling into place. I've fought hard and worked hard to make my life what it is - staying in the lab for so long, then leaving, etc. etc. and I really do feel for once that things somehow might be falling into place. It is kind of a nice feeling in a way - to feel like you have a purpose, like your life has meaning. I don't feel quite the misfit that I used to.

The other day I found myself getting pretty upset about something kind of ridiculous - and it reminded me very much of the kinds of reactions I had last year a lot. (She then described the event and her initial reaction, and how she had countered the feeling early, before it "took over.")

Therapy with Ms. A was an integrated-eclectic approach. The overall perspective was systemic with the aim of breaking the symptomatic cycle; some of the understanding and self acceptance

which developed from her writings had psychodynamic and humanistic elements; the specific techniques used were cognitive. She wrote about her thoughts and feelings and analyzed them for irrational thought and unrealistic expectations and then discussed her writings in therapy. Near termination she wrote:

I had a choice of how to handle this. I could make myself a basket case for the next few days or I could be the self-assured, calm, confident woman. I decided to actively fight myself and choose the latter. Before the dinner I had pangs of starting to get upset, and starting to do my mindreading thing, like if X gets dressed up before the party, I'm going to know he likes someone else. I caught myself and said, Oh come on - this is ridiculous.

After therapy terminated, she continued to write on an as-needed basis and mailed writings to the therapist for comments when necessary. She also returned for two to three sessions a year since termination. It took her these two more years to break up with her boyfriend, and she is still feeling the repercussions of that. She is now feeling stronger and more in control and is doing well in her new occupation. Here is a statement, written two years after termination about how writing helped her.

I have found journal-writing to be extremely helpful to me for many reasons. First and foremost, it is something which I can do myself and at any time of the day or night. For instance, if I get really upset about something, sometimes just sitting down at the typewriter and writing it all out can provide a great deal of relief for me and help me center myself again. It provides a wonderful arena for organizing my thoughts and challenging irrational thinking. This is all something which, through therapy, I have developed the skills to do on my own which is of particular appeal to me as I really like the thought that I am less dependent on my therapist.

Secondly, I feel less burdensome on my friends; I don't have to go into all the details of everything, or sometimes I don't even have to discuss being upset at all!

Proof to me of how important writing has become to me is that sometimes I just feel "stuck," like I cannot proceed with the rest of my day, unless I sit down and write.

Couple Therapy

"Jenny" was a young married woman with one child who requested couple therapy after she successfully completed

Individual therapy with PK for out of control anger with temper tantrums. Cognitive and behavioral writing assignments had been used in her individual therapy. In contrast to Ms. A, the artist, Jenny was a nurse who was assigned measuring and charting. She kept daily records of her weight and blood pressure, and she developed her own scale to measure temper. In addition, she was assigned to write her "self talk" (thoughts) and alternative "rational self talk" as suggested by Maultsby (1971), and she was taught to practice progressive relaxation techniques when she felt a tantrum coming. This assignment interrupted the usual sequence and gave her tools for self control. She terminated as "much improved" as measured by cessation of tantrums, weight loss, control of blood pressure, her own charts, and a shift from a highly elevated to normal profile on the Minnesota Multiphasic Personality Inventory (MMPI).

However, as Jenny became more in control and stopped having tantrums, marriage problems surfaced. Her husband was the gentle "Mr. Nice Guy" who never lost his temper, but would "forget," procrastinate and was frequently late. He was chronically busy at the office where he would take on extra assignments and then had trouble meeting deadlines. He was forgiven at home and at the office for not completing projects because he was overworked. At home, however, when Jenny had a tantrum, he had taken some time out from work to meet her requests. Now that she was no longer

having tantrums, she had lost her leverage for receiving attention and help from him. She requested couple therapy around the issue of his sabotaging, or at least not reinforcing, her gains and change. Jenny had the unrealistic expectation that since she changed, he should also do so. Instead of positive change, however, his procrastination and "workaholic" behaviors increased.

Writing assignments regarding their expectations of each other were used in couple therapy, but were not as successful as with Jenny's individual therapy. While Jenny was motivated to change because she found her symptoms frightening, Joe had gotten far on his nice guy role and was comfortable with the status quo. He was a patient, gentle man who was overworked; who could complain if he was late or forgot his commitments? These behaviors persisted in therapy; he was overtly compliant and related in a warm, caring manner. Yet, his busy schedule kept him from carrying out tasks he had agreed to do in therapeutic contracts. Written assignments were either hastily scribbled out before the session or forgotten altogether.

A paradoxical assignment might have been more helpful with Joe than the behavioral cognitive approach which was used. With Jenny, her symptom was prescribed in a playful and paradoxical manner which was helpful. Her worst fear had been that she would resume having tantrums if Joe continued to ignore her. Infrequent, planned, and non-hurtful tantrums were prescribed and

rules were outlined: 1) have tantrums only after trying other means of reaching Joe; 2) have tantrums only when child is not home; 3) throw non-breakable and soft items; and, 4) have tantrums only after writing out the plans including the time and place, which objects to throw, and what to yell. She jokingly added the suggestion of sending Joe an invitation. The result of this intervention was that she was put in control of her out-of-control behavior, and her fear of relapse was reduced. Joe did make some minor changes by giving more time to Jenny and the child, but the main change efforts remained with Jenny. She learned to be in control over her reactions to Joe, and to plan her life as if he might not be there, which made him want to be there more.

Therapy was terminated after 28 sessions over a one year period. Jenny felt these sessions combined with her continued writings sustained her improvements from individual therapy by helping her view the relationship more realistically. She chose to stay in the relationship because of Joe's many good qualities, which she was now able to recognize. Here is an excerpt from her journal near the end of the couple therapy.

EVENT: Joe phoned that he will be getting home late and said I should go to bed.

SELF TALK: I knew it. I knew better than to trust him to come home when he promised. He never keeps his promises, he doesn't care.

EMOTION: Irritation to anger, especially when I thought he was lying about icy roads. Then I was able to cool down and be decent to him. I realized he was tired and had a long drive ahead of him. Surprise.

RATIONAL He is not a punctual person; why should I expect him to

SELF TALK: be? [child] is asleep anyway. I can be a big girl and go to bed whenever I want.

She was seen for follow-up sessions over a 5 year period and maintained her gains, and was happier in the marriage.

Family Therapy

Ann was a 21 year old college senior who was hospitalized due to severe panic attacks and high-level anxiety. Because her panic and anxiety seemed related to "leaving home" issues, family therapy was initiated by BW during Ann's hospitalization and continued after she was released from the hospital.

Ann was the youngest of three siblings. Her older siblings were both married and had lived away from home for several years. Ann's parents were exceptionally bright; both were scholars, and both were keenly appreciative of the arts. Ann's natural father

and her mother divorced when Ann was a pre-schooler. Ann's present father adopted Ann and her siblings when he married their mother. Ann was still a pre-schooler at the time. Ann's mother was deaf, but read lips exceptionally well.

The therapist's approach with Ann's family was to use structural family therapy. Triangulated between her parents, Ann's alliances were fickle and switched from mother to father. It was assumed that Ann would be strong and bright enough to extricate herself from the parent-child alliance if: 1) Ann gained a cognitive understanding of her role in the middle of her parents' marriage and 2) Ann recognized her parents' strengths and felt confident the parents could manage their marriage without her mediating influence.

Writing was used with this family for several reasons: 1) Ann was bright, insightful, and fond of reading and writing, 2) Ann's parents, both scholars, gave considerable value to the written word, and 3) the family wanted to move quickly, and writing between sessions would accelerate the pace of the work in therapy.

Prior to her parents accompanying her to therapy, Ann discussed her fears about family therapy and the purpose of this therapy. She was asked to record progress notes for each therapy session. The following session began with her reading the notes aloud to the therapist and sometimes her parents, and discussing

those notes. Using her writing to prepare herself for family therapy, Ann was able to clarify the family structure and her role in that structure.

September 21, 1981

Bonnie told me that the problem's not in the people (mom, dad, me) but in the relationships between us. That was comforting. I realized for the first time that my relationship with dad is not healthy, that I'm too involved in their marital problems, that I've stepped in for my mother too many times...that my relationship with dad turned from awful to very close when I first stood up for my mother...I remember thinking that finally for the first time I was being able to "talk back" even if not for a cause of my own.

At the next session, Ann looked at the status she had in the family structure and she began to grieve the loss that a structural change would cause:

October 5, 1981

The image in my mind of Mom and Dad here and Ann over ----> there really upset me. I have, I realized, always been in the middle, in "the know" and it did bring with it a feeling of great importance. The feeling of being left out that the

above image gave me hurt and was generally yucky. I saw that this position of middleness has carried over into my life outside the family...

Even as she grieved the loss, Ann created a structural intervention to bring her parents closer and to free her to leave home. Danielson and Rothney (1954) note that the client must be taught to be her own therapist, and this seemed the beginning of Ann becoming her own therapist.

October 5, 1981

[reminder that mother is deaf] Dad will be in charge of "translating" for mother, which will keep her from relying on me and will further unite them--make them the couple and me the single.

The following week, Ann and her parents began family therapy. Ann continued writing progress notes for the family sessions. On her own, she used an adaptation of a process Messinger (1952) calls auto elaboration in which the client transcribes the notes of a session and then adds her elaboration to those notes. Messinger indicates that this process leads the patient to confront herself and facilitates insight and self-criticism.

October 12, 1981

Bonnie started out by asking my parents what signs they would wish to see in me that evidence that I'm improved. Mom first said that she wished that I was like I had been four years before college started. (Should I tell you what I was thinking throughout this as I was being so quiet and on the verge of tears? I will, and I'll put Ann's thoughts in capitals). OF COURSE SHE SAYS THAT SHE WANTS ME TO BE ME OF FOUR YEARS AGO, NOT TO HAVE SOME TRAITS OF THEN, BUT TO GO BACK TO THEN. AND I STARTED LYING IN EIGHTH GRADE ABOUT MY MUSIC LESSONS, I WONDER IF I SHOULD SAY THAT, BUT I WON'T.

She [Mom] called me Annie. Bonnie told her to call me Ann, her face squunched up. I CAN'T DO THIS ANYMORE.

I THINK THIS IS BEING BETTER FOR DAD...BECAUSE HE'S BEING FORCED TO ARGUE AGAINST HIS OWN ARGUMENTS ABOUT MY NOT BEING READY TO LEAVE "THE NEST."

Writing also gave Ann a chance to discuss negative feelings toward her therapist. Ann said she never could have directly spoken her negative words to the therapist, but she could read aloud what she had written in her journal. Rampling (1980) described writing as a form of expression that has escaped

relatively free of the super-ego influence. He suggested that "The written word also allows a degree of intimacy of communication which would be otherwise difficult for patient or therapist to tolerate..."(p. 12).

October 19, 1981

And Bonnie said something that really pissed me off and scared me to death, which is probably why it pisses me off. (It still upsets me.) She said well, why don't you just stop trying to be independent, etc. (e.g., forget everything we've been working on because it's too difficult.) Well, I'm giving you the benefit of the doubt and assuming that you said that as a clever psychological ruse to get me to stand up for myself about what we're trying to do with me and argue for doing it...At the time the first thing I thought was "Oh my God, she's giving up on me."

Writing can also be helpful in reporting changes in family structure that the therapist does not see.

October 25, 1981

...as we left, mother (in the middle!!) slung her arms together with mine and father's and we waltzed off...

Ann's Journal reflected her progression toward being able to leave her parents. Ann became critical of her parents' "helpfulness," and she used her writing to relieve tension and provide cathartic relief (McKinney, 1976).

December 31, 1981

"Did you disconnect your phone at home? Your utilities...?"
(AD NASEUM)!![sic] Ann's alter ego picks up the TV and hurls it.

I want to get a job, pay them back, and be left alone. There is SO MUCH ahead for me...I'm going to meet people and do things, go places...do what I WANT TO. And I have faith in myself now: I won't do stupid things to get back at them like I did last summer...

At one point, the therapist recommended Ann write her parents a letter which she would read to them during therapy. Her letter itself justifies her use of writing to communicate with her parents.

February 1982

...there are certain things that need to be said and that I will better say in writing when I can remember and accurately

say everything. Also, this avoids the misperceptions found in oral discourse and will provide a document of the more important things...Obviously...we can talk all we need to, but this should provide a good base from which to begin.

Approximately a year after therapy was formally ended, Ann had moved to a city half way across the country from her parents and was living independently. As a part of follow-up with the family, Ann's writings were returned to her. She responded with the following statements in letters:

August 1983

Thank you for sending the Journals to me...It's also very interesting to read about my reactions to the early meetings...Life goes really well here.

I'm so glad that mom and dad are seeing you still. I talk to dad a lot and feel that he really misses me. That makes me feel good. He sounds quite depressed, too. But I leave that to you.

I have not done ONE financially bad thing since I got out here! I'm very proud of myself.

Ann's parents continued to see the therapist two years after family therapy was discontinued. Often, they came to counseling only every 8-12 weeks. A letter from them also served as follow up with the couple:

August 1984

...shameful that we have not contacted you before now, but as I have occasionally said, maybe it's a good sign that we were not in a hurry.

Ann's doing very well, though it is not easy. She is justly proud of her accomplishments...

In addition to the writings above which were used as tools in structural family therapy, Ann and her parents used behavioral contracts and charts to plan and implement Ann's leaving home and her move to functional, emotional, and economic independence.

Discussion

In this paper we discussed utilizing client writing in therapy with individuals, couples, and families. Since we advocate the use of writing during all stages of therapy, it seems appropriate to discuss the disadvantages and contraindications of writing in therapy. Several authors (Burton, 1965; Ellis, 1965; Fox, 1982; McKinney, 1976; Ralmy, 1965) have delineated the

disadvantages of writing, but we do not concur with some of their analyses. For example, Burton (1965) finds it disadvantageous for clients to become so adept at using writing that they come to the point of treating themselves. We view the development of this ability as the goal of therapy.

Ellis (1965) found some clients verbalize ideas they do not want to put on paper. The opposite of this is also likely to be true of some people. Cindy, BW's client, was a woman in her late 20s who suffered from alcoholism and bipolar depression. Cindy wrote, "I could write things I would NEVER have allowed myself to say out loud."

Distancing and intellectualizing may be a disadvantage of writing (Burton, 1965), but in some cases may be helpful. Using written assignments may allow clients to distance from the pain enough to deal with it constructively. Cindy noted, "I could write, then give you the paper and remove myself just enough to make it bearable while you read [aloud]."

Because writing allows clients to distance, they may be better able to view themselves objectively in writing. Pointing out this advantage, Cindy wrote,

I would never have believed the bipolar diagnosis. But you showed me my own writing and graphed the moods...when I had

doubts after that, I could never get past the fact that there it was in black and white on my own paper in my own writing.

The most critical danger of indiscriminate use of writing in therapy is that it can further alienate a person. One of BW's clients wrote, "I see one bad thing...Being a good Journaler [sic] doesn't transfer to being a good speaker. Writing can be very isolating." Thus, the importance of discussing writing in therapy sessions is underscored.

Assigned writing should be used in conjunction with spoken therapy, then, to enhance the communication process and the client's relationships with the therapist, the self, and others. As with other therapeutic interventions, assigned writing should be used with regard to the client and situation, only when there is a rationale for its use, and when it is a congruent, integral part of the overall case plan. Therapists should make certain that writing does not further isolate people. In summary, we advocate the discriminate use of writing as an adjunct to face-to-face psychotherapy.

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